

**AMENDMENT TO
LEGAL SERVICES AGREEMENT**

Federal Tax ID#: _____

Law Firm Name: _____

Branch Office Location: _____

(Each office of a multiple office firm must complete a separate amendment)

Please make appropriate changes to Firm Name, Address, Telephone Number, Fax Number, and Contact Attorney below:

New Federal Tax ID#: _____

(Structural changes that result in a new tax id number may require a new application and a new LSA, see *Guide for Outside Counsel*.)

New Firm Name: _____

New Address: _____

City, State: _____, _____ Zip: _____

New Contact Attorney: _____

New Telephone Number: (____) _____

New Fax Number: (____) _____

E-Mail Address: _____

ADD (A) or DELETE (D)	BILLABLE INDIVIDUAL (First, Middle, Last, Suffix)	STATE LICENSES	POSITION Partner (P) Associate (A) Para- Professional (PP) Other (O)	YEARS IN PRACTICE	MINORITY STATUS Asian (A), Black (B), Hispanic (H), Native American (N)	GENDER M or F	STANDARD RATE	PERCENT % DISCOUNT	PROPOSED FDIC RATE

Attach Continuation Sheet(s) If Necessary

SUBMITTED BY: _____ Date: ____/____/____

(Firm's Authorized Representative)

(Title)

FDIC DELEGATED APPROVAL: _____ Date: ____/____/____

(Name)

(Title)

(Signature)

(Office)

Effective Date: ____/____/____